

<div data-bbox="115 228 323 434" data-label="Image"> </div> <p style="text-align: center;">Application For A Zero Emission Vehicle Fleet Incentive Grant: Applicant Information and Project Proposal</p> <p style="text-align: center;">Fleet ZIP 2003/2004 Solicitation</p> <p style="text-align: center;">This form must be completed by all applicants. Complete and submit with required documents to: California Air Resources Board, MSCD/ZEV Attention: Program Manager, Fleet ZIP P.O. Box 2815, Sacramento, California 95812</p>	<p>ARB USE ONLY</p> <p>District:</p> <p>Project Size:</p> <p>Eligibility:</p>
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PURPOSE: Information contained in Form A and, if applicable, Form B will be used by the Air Resources Board for determining applicant eligibility, to evaluate and rank projects, approve grants, process grant allocations and to prepare Information Returns (Form 1099).

A. APPLICANT INFORMATION			
Applicant:			
Mailing Address:			
City:	County:	State:	ZIP Code:
Street Address (If different):			
City:	County:	State:	ZIP Code:
Contact Person:		Title	
Telephone:	FAX:	E-Mail	
Secondary Contact Person:			
Telephone:	FAX:	E-Mail	
Type of Applicant (Check one only): <div style="display: flex; justify-content: space-between;"> <div> <input type="checkbox"/> Federal Government Agency (Form B also required) <input type="checkbox"/> State Government Agency (Form B also required) <input type="checkbox"/> Local Government Agency </div> <div> <input type="checkbox"/> Non-Profit Organization <input type="checkbox"/> Corporation/Business <input type="checkbox"/> Sole Proprietor <input type="checkbox"/> Partnership, Estate or Trust </div> </div>			
Taxpayer ID Number (Required):		California Business License Number:	
B. PROJECT PROPOSAL SUMMARY			
Total Grant Amount Requested (\$):		Number of Vehicles Proposed for the Project	
Will project vehicles be allocated to a fleet operator other than the Applicant? <input type="checkbox"/> No <input type="checkbox"/> Yes			

Primary Type of Vehicle Application/Use (Check one): <input type="checkbox"/> On Public Roads <input type="checkbox"/> Off Public Roads				
If planned use of project vehicles off public roads is greater than 50% of total project vehicle miles, please describe the environment or setting where the vehicles will be used and, if applicable, the type of vehicles or mode of transportation replaced.				
Number of Light-duty Vehicles in Existing Fleet(s) (total and by fuel type):				
Total	=	gasoline or diesel	+	alternative fuel
			+	battery electric or H ₂ fuel cell
Brief description of applicant's primary function, purpose, or nature of business and general geographic area of service:				
Summary of proposed project (include identity of other fleet operators, project goals, and the planned fleet applications that the project vehicles will serve):				
C. PROPOSED GARAGING LOCATION(S), SERVICE AREA AND COMMUNITY BENEFIT INFORMATION				
Garaging Location(s) of Project Vehicles (if you need more space, please use Additional Garaging Locations Form MSCD/ZEV-08B):				
Facility Name and Street Address	City	County	ZIP Code	Meets EJ Criteria per State of Local Contact Yes or No
Is any garaging location a private residence? <input type="checkbox"/> No <input type="checkbox"/> Yes	If local environmental justice (EJ) criteria is not available or is not met for any garaging location, does it meet alternative EJ criteria? <input type="checkbox"/> Yes <input type="checkbox"/> No (If yes, attach supporting documentation that you have developed).			
Describe geographic area to be served by project vehicles (e.g., within 10 mile radius of garage location; all or part of service area):				
Is the geographic area to be served in an area that meets local environmental justice criteria? (Please check all applicable response(s) and attach supporting documentation.)				
<input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> Partial inclusion <input type="checkbox"/> Local EJ criteria not available <input type="checkbox"/> Meets alternative EJ criteria				
Will project vehicles replace existing light-duty vehicles? <input type="checkbox"/> No <input type="checkbox"/> Yes				

D. PROPOSED PROJECT VEHICLE INFORMATION AND GRANT REQUESTS					
Make	Model and Year	Number of Vehicles	Purchase (P) Lease (L) – Number of Months	Estimated Cost Per Vehicle (MSRP)	Grant Request Per Vehicle (\$)
Date project vehicles will be or were placed in-service? If a phased schedule, please provide number of vehicles and projected date of placement for each phase.					
Describe the primary function(s) of proposed project vehicles (e.g. daily fleet use, local delivery route, business-related travel, employee commute, rental, taxi or shuttle service):					
Identify how the proposed project will be funded (include both the vehicles and the infrastructure).					
Describe the vehicle charging strategy for the project (include the number of new chargers proposed to be installed, the number of existing chargers and new and existing charging station locations).					
Estimate of miles to be traveled by all project vehicles: <div> <div><input type="text"/> miles</div> <div><i>average daily</i></div> <div><input type="text"/> miles</div> <div><i>average monthly</i></div> <div><input type="text"/> miles</div> <div><i>average annual</i></div> </div>					
Estimate of vehicle use (as percent of average annual miles traveled): <div> <div><input type="text"/> %</div> <div><i>freeway</i></div> <div>+</div> <div><input type="text"/> %</div> <div><i>on public streets (non-freeway)</i></div> <div>+</div> <div><input type="text"/> %</div> <div><i>off public streets</i></div> <div>=</div> <div>100%</div> </div>					
E. PUBLIC EDUCATION AND OUTREACH INFORMATION					
Describe any public educational or outreach components included in the project.					
F. PROJECT PARTNERSHIP INFORMATION					
Do Project Partnerships exist? <input type="checkbox"/> No <input type="checkbox"/> Yes (Please identify and describe contributions below.)					
Project Partners			Contributions		

What tangible benefits will the Project Partners bring to the community? (e.g. supporting local businesses/organizations, supplying public charging stations, etc.)?	
Are the Project Partners' proposed contributions necessary for a successful project? <input type="checkbox"/> No <input type="checkbox"/> Yes If yes, please explain.	
G. ADDITIONAL INFORMATION:	
Provide any additional information that you think will be useful in evaluating your proposal.	
H. CERTIFICATION OF INFORMATION	
<i>I hereby certify that the proposed project meets the requirements and criteria stated in the program guidelines approved on April 25, 2002 by the California Air Resources Board and that all information provided in this application (Form A and, if applicable, Form B) supplements and attachments are true and correct.</i>	
Applicant or Authorized Representative (Please Print):	Title:
Signature:	Date:

FOR ARB USE ONLY			
Proposed Project Size: <input type="checkbox"/> Community <input type="checkbox"/> Fleet	Score:	Rank:	Grant Award/Allocation <input type="checkbox"/> None <input type="checkbox"/> District <input type="checkbox"/> State at-large
APPROVALS			
Grant Approval Number:		Grant Amount:	
Printed Name:		Title:	
Program Manager Signature:		Date	
Printed Name:		Title	
Signature:		Date:	